

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2011

through

04

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton G. Davids

Signature of Treasurer

Electronically Filed by Carlton G. Davids

Date

05

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>66368.13</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>79923.88</div>	
(c) Total Receipts (from Line 19)	<div>62618.56</div>	<div>213088.56</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>142542.44</div>	<div>279456.69</div>
7. Total Disbursements (from Line 31)	<div>7725.41</div>	<div>144639.66</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>134817.03</div>	<div>134817.03</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	49938.26	168862.96
(ii) Unitemized	10199.80	38660.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	60138.06	207523.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60138.06	207523.91
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2480.50	5564.65
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	62618.56	213088.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62618.56	213088.56

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2725.41	5889.66	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2725.41	5889.66	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	136500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2250.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ➤	0.00	2250.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7725.41	144639.66	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7725.41	144639.66	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	60138.06	207523.91
34. Total Contribution Refunds (from Line 28(d))	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60138.06	205273.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2725.41	5889.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	2480.50	5564.65
38. Net Operating Expenditures (subtract Line 37 from Line 36)	244.91	325.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Syed Nasim Ahmed, M.B.B.S.,

Mailing Address 1704 St Mayeul Dr

City

Modesto

State

CA

Zip Code

95356-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gould Medical Foundation
Inc

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: F8F06D65-0491-4F7E-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: A806AEA20DBC7BB8A40

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rafael Ason, M.D., F.A.

Mailing Address 7100 W 20th Ave
Ste 501

City

Hialeah

State

FL

Zip Code

33016-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: B59F9FAFF5B408231E0

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Neil Jeffrey Berman, M.D., F.A.

Mailing Address 4 Woods End Gatewood Drive

City	State	Zip Code
Needham	MA	02492

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

Transaction ID: 177D8FD6A540FEDF1B2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brian C. Bigelow, M.D., F.A.

Mailing Address 4462 N Delaware St
Ste 125

City	State	Zip Code
Indianapolis	IN	46205-1718

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Vincent Hospital Indi-
anapolisOccupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: 01BDF8002E329F8253B

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alfred A. Bove, M.D., Ph.D

Mailing Address 110 Anton Rd

City	State	Zip Code
Wynnewood	PA	19096-1226

FEC ID number of contributing
federal political committee.**C**Name of Employer
Temple University HospitalOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: EF2F45F73409B3EDC6C

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory R. Boxberger, M.D., F.A.

Mailing Address 1930 N Saddle Creek St

City

Wichita

State

KS

Zip Code

67206-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galichia Heart Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: B2A26D7BAC2F45F0113

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Blvd

City

San Francisco

State

CA

Zip Code

94127-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Kaiser Medical Ce-
nter

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 4D8896511ABF662A477E

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alberto A. Brizolara, M.D., F.A.

Mailing Address 1380 E Medical Center Dr
Ste 1500

City

Saint George

State

UT

Zip Code

84790-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 3EC1E028C386E2D1CE4

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George K. Brodell, M.D., F.A.

Mailing Address 4222 E 200 N

City

Lafayette

State

IN

Zip Code

47905-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 8E4B63EC2F7F80CC3EB

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists-
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: 4D389B36F315DCA7ED8D

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Matthew J. Budoff, M.D., F.A.

Mailing Address 1124 W Carson St

City

Torrance

State

CA

Zip Code

90502-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Angeles Biomedical Re-
search Instit

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: E8DB524D251718D1510

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: AFD2D08B04A6019EA3C

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 479AB7BCFC619FF154D2

Amount of Each Receipt this Period

111.12

C.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	1

Transaction ID: 4340B3ACB30E8A8D8C58

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

711.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard A. Chazal, M.D., F.A.

Mailing Address 671 N Town and River Dr

City

Fort Myers

State

FL

Zip Code

33919-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Heart Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 4CF24F1DE96E3FD300F

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Chapter of the
ACC

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 49DCB51387DDB2D6D39D

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Chapter of the
ACC

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 439287BDC504C4466D15

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

1171.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Russell J. Cornell, M.D., F.A.

Mailing Address 368 Lakehurst Rd
Ste 301

City	State	Zip Code
Toms River	NJ	08755-7339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology ConsultantsOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: 9C4DD2353BD49015D04

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Joan S. Crawford, D.O., F.A.

Mailing Address 24211 Little Mack Ave

City	State	Zip Code
Saint Clair Shores	MI	48080-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 2DD8B7D6E6B20C89C50

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City	State	Zip Code
Brentwood	TN	37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas HeartOccupation
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 4FF094E9DE9CBA51AC63

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vladimir Curkovic, M.D., F.A.

Mailing Address 15817 Dawson Ridge Dr

City

Tampa

State

FL

Zip Code

33647-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: 3E926BF9EBE8C37A924

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Patrick J. Curran, M.D., F.A.

Mailing Address 14 Annawamscutt Rd

City

Barrington

State

RI

Zip Code

02806-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine & Cardi-
ology Associa

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: 1546B974DC6BBE86896

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas J. Doyle, M.D., F.A.

Mailing Address 7700 SW Indian Woods Pl

City

Topeka

State

KS

Zip Code

66615-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 42EC8AAF9A641256814

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur Lee Eberly, III, M.D.,

Mailing Address PO Box 8795

City

Greenville

State

SC

Zip Code

29604-8795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 8527DB43DF0600807BD

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William G. Elliott, D.O., F.A.

Mailing Address 8638 W Cherry Hills Dr

City

Peoria

State

AZ

Zip Code

85345-8173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: 4EAFBA2FDC1DFD2F2BC2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Blair D. Erb, Jr., M.D.,

Mailing Address 905 Highland Blvd
Ste 4330

City

Bozeman

State

MT

Zip Code

59715-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
Bozeman

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: EB777FBC60F6CCEF5AB

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Blair D. Erb, Jr., M.D.,

Mailing Address 905 Highland Blvd
Ste 4330City State Zip Code
Bozeman MT 59715-6901FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
BozemanOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 4ED98C4C8ACE10994D34

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

William G. Espar, M.D., F.A.

Mailing Address 116 Woodside Dr

City State Zip Code
Michigan City IN 46360-7418FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Heart & Vascular
InstituteOccupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 0717FD6468FC46E210B

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City State Zip Code
Murfreesboro TN 37130-7608FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 4415A95736D7772AEC04

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

538.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 2718 Stephenson Ln NW

City

Washington

State

DC

Zip Code

20015-1504

FEC ID number of contributing
federal political committee.**C**Name of Employer
American College of Cardi-
ology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: 421282E5FDA4CF1D7865

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 2718 Stephenson Ln NW

City

Washington

State

DC

Zip Code

20015-1504

FEC ID number of contributing
federal political committee.**C**Name of Employer
American College of Cardi-
ology

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 46C71E035146FBD9FAC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing
federal political committee.**C**Name of Employer
American College of Cardi-
ology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: 45F7A187890300546434

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

417.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Fetnat M. Fouad-Tarazi, M.D., F.A.

Mailing Address 32985 Creekside Dr

City

Pepper Pike

State

OH

Zip Code

44124-5274

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cleveland Clinic Foun-
dationCardiol

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: 1FB22591BFFED3580A

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Andrew M. Freeman, M.D., F.A.

Mailing Address 2321 Hudson St

City

Denver

State

CO

Zip Code

80207-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Jewish Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 07E84677A3BA8FE62A5

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Stefanie J. Fry, M.D., F.A.

Mailing Address 300 E Jefferson St

City

Boise

State

ID

Zip Code

83712-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 4F0C2E943992B8AC09E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gordon L. Fung, M.D., F.A.

Mailing Address 1600 Divisadero St
1609

City	State	Zip Code
San Francisco	CA	94115-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCSF Medical Center at Mt.
ZionOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: 49F18B66752BB8C028DF

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Gerrie Gardner, D.O., F.A.

Mailing Address 2693 Ford Rd

City	State	Zip Code
Cheyenne	WY	82009-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cheyenne Cardiology Assoc-
iatesOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

Transaction ID: 728ACE1AD3048EFF332

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City	State	Zip Code
Providence	RI	02906-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	1	1

Transaction ID: 4451AD2ED876DE471398

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

533.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jorge L. Gonzalez, M.D., F.A.

Mailing Address 4019 Cheverly Dr W

City

Lakeland

State

FL

Zip Code

33813-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watson Clinic, L.L.P.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: 840BF3FAF541EFA942D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter R. Gray, M.D., Ph.D

Mailing Address PO Box 4860

City

Queensbury

State

NY

Zip Code

12804-0860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adirondack Cardiology Ass-
oc., PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 4ABAB335CC9108D71BFF

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Frederick L. Grover, M.D., F.A.

Mailing Address 3000 E Cedar Ave
Room 6117, Msc305

City

Denver

State

CO

Zip Code

80209-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado

Occupation

CARDIOVASC. SURG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 9A2347266D42587976C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Navin Gupta, M.D., F.A.

Mailing Address 9203 Sheridan Park Ct

City

Brentwood

State

TN

Zip Code

37027-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: F2DA489329A2C97DE93

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Hasan Guven, M.D., F.A.

Mailing Address 904 Park Crest Cir

City

Vestavia

State

AL

Zip Code

35242-7537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Cardiovascular Gr-
oup

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 603DE891DFAC719BD29

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

J. Clay Hays, Jr., M.D.,

Mailing Address 970 Lakeland Dr
Ste 61

City

Jackson

State

MS

Zip Code

39216-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Heart Clinic PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: CC49C54E1DA8D6BDB67

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David P. Hedrick, M.D., F.A.

Mailing Address 5475 N Woods Ln
Ste 301City State Zip Code
Solon OH 44139-1199FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	1

Transaction ID: 1B230FA72DA9C244FFF

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Ln
Ste 2City State Zip Code
Hinsdale IL 60521-3032FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: 89DAC0408AB47D79E62

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Ln
Ste 2City State Zip Code
Hinsdale IL 60521-3032FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	1

Transaction ID: 4F709CFA45A86C858628

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

548.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mahmoud Hounsse, M.D., F.A.

Mailing Address 1105 Baumock Burn Dr

City

Columbus

State

OH

Zip Code

43235-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Hos-
pital Cardiol

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: B3AE4BD516BFFEF2489

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

C. Randolph Hubbard, M.D., F.A.

Mailing Address 1765 Adeline Dr

City

Mechanicsburg

State

PA

Zip Code

17050-1682

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 785E0100859BACF80E6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Chadwick Huggins, M.D., F.A.

Mailing Address 6 Tomochichi Ln
Ste 400

City

Savannah

State

GA

Zip Code

31411-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultant-
s, P.C.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 88E3B4D577481D69A23

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Zev Jacobson, M.D., F.A.

Mailing Address 34th St. and Civic Center Boulevard
Division of Cardiology -- 8th FloorCity State Zip Code
Philadelphia PA 19104FEC ID number of contributing
federal political committee.**C**Name of Employer
Children's Hospital Cardi-
ologyOccupation
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	1

Transaction ID: 98EAF5D-8E78-4409-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Oscar R. Jenkins, Jr., M.D.,

Mailing Address 122 Braeside Cir

City State Zip Code
Asheville NC 28803-3378FEC ID number of contributing
federal political committee.**C**Name of Employer
Asheville Cardiology Asso-
ciatesOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 67071D24B74CF8F3647

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Anna M. Kalynych, M.D., F.A.

Mailing Address 58 Montclair Dr NE

City State Zip Code
Atlanta GA 30309-1527FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Transaction ID: AA4BC8EE93385AF358E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leonid G. Karpenos, M.D., F.A.

Mailing Address 32 Imperial Ave

City

Westport

State

CT

Zip Code

06880-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westport Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 9F5740B1F0DE7FE2BE8

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kevin J. Kelly, M.D., F.A.

Mailing Address 4405 Old Mill Rd

City

Fort Wayne

State

IN

Zip Code

46807-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 1F9FF1FF284AB9218DB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jerry D. Kennett, M.D., F.A.

Mailing Address 4614 Copperstone Ct

City

Columbia

State

MO

Zip Code

65203-1696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Cardiovascular
Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 548D96E35E07410508A

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Damoder R. Kesireddy, M.D., F.A.

Mailing Address 442 W High St

City

Bryan

State

OH

Zip Code

43506-1681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 4302FA569C35046A741

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Benjamin P. Lee, M.D., F.A.

Mailing Address 146 Liberty Way

City

Carrollton

State

VA

Zip Code

23314-2697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Heart Special-
ists

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: DD01F6BCD3AC6177C81

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas J. Lewandowski, M.D., F.A.

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appleton Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 4D2D95D7F508197A52AC

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jack Lewin, M.D., F.A.

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing
federal political committee.**C**Name of Employer
American College of Cardi-
ology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 405AAD75CA89384B682A

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sandra J. Lewis, M.D., F.A.

Mailing Address 5342 SW Hewett Blvd

City

Portland

State

OR

Zip Code

97221-2254

FEC ID number of contributing
federal political committee.**C**Name of Employer
NW Cardiovascular Institu-
te

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 46EF8B4D33ECED6EEFDF

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

William R. Lewis, M.D., F.A.

Mailing Address 24707 Tricia Dr

City

Westlake

State

OH

Zip Code

44145-4923

FEC ID number of contributing
federal political committee.**C**Name of Employer
Metro Health Medical Cent-
er

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: E2819FBDD09BD233766

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

683.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven G. Lloyd, M.D., F.A.

Mailing Address 5949 Crestwood Cir

City

Birmingham

State

AL

Zip Code

35212-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer
The University of Alabama
at Birmingham

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: E4635E52BF7CF0AE1B6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David L. Lohin, D.O., F.A.

Mailing Address 507 Highland Ave
Rr#5

City

South Abington Tow

State

PA

Zip Code

18411-9080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advance Cardiology Special-
ists

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: D1187FE9B76BD621CF5

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jerre F. Lutz, M.D., F.A.

Mailing Address 4627 Shiloh Ridge Trl

City

Snellville

State

GA

Zip Code

30039-8572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University School
of MedicineDep

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Transaction ID: 2BA2F6FED80AB26FB2C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Varkey Mathew, M.D., F.A.

Mailing Address 2419 Solomons Island Rd

City

Huntingtown

State

MD

Zip Code

20639-8732

FEC ID number of contributing
federal political committee.**C**Name of Employer
Patuxent Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: B4F8A981284843CF767

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

David C. May, M.D., Ph.D

Mailing Address 953 Creek Xing

City

Coppell

State

TX

Zip Code

75019-6322

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cardiovascular Specialist-
s, PA

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: FEE3E231C06935D7289

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Margo B. Minissian, ACNP-BC, M

Mailing Address 444 S San Vicente Blvd
Ste 600

City

Los Angeles

State

CA

Zip Code

90048-4174

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cedars Sinai Heart Instit-
ute Womens He

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: B206800A7B6E079EEEE0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: 4A8D9F3DA954E134CB7

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	1

Transaction ID: 45E380A020E30A2D991C

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alberto E. Montalvo, M.D., F.A.

Mailing Address 5928 Riverview Blvd

City

Bradenton

State

FL

Zip Code

34209-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradenton Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: 5042D7527B945D04C00

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marc A. Mugmon, M.D., F.A.

Mailing Address 7193 Collingwood Ct

City

Elkridge

State

MD

Zip Code

21075-5548

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mid Atlantic Cardiovascul-
ar Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: 18420DE535A777AA600

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Divakar Pai, M.B.B.S.,

Mailing Address 3030 Heron PI

City

Bloomfield Hills

State

MI

Zip Code

48302-0714

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cardiology and Vascular
Associates, P.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: D981A4C8C3DD287EC9A

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Daniel F. Pauly, M.D., Ph.D

Mailing Address 15205 NW 45th PI

City

Newberry

State

FL

Zip Code

32669-2015

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Transaction ID: A072DB9488E63D60FB1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert S. Phang, M.D., F.A.

Mailing Address 47 Fields End Dr

City

Glenmont

State

NY

Zip Code

12077-2960

FEC ID number of contributing
federal political committee.**C**Name of Employer
Albany Associates in Card-
iology St. Pet

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: 2F4F9EEBE1663B68B41

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael R. Pittaro, M.D., F.A.

Mailing Address 1177 Summer St
Fl 5

City

Stamford

State

CT

Zip Code

06905-5522

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cardiology Assoc. of Fair-
field County

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	1

Transaction ID: 59BA7A7AB7D911F81E1

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Markus Porkert, M.D., F.A.

Mailing Address 234 Superior Ave

City

Decatur

State

GA

Zip Code

30030-1815

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: F0E7455B2EAFCE58E50

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James B. Powers, M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Cardiology Associat-
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.44

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 4E6DB5337691ED5ADC0E

Amount of Each Receipt this Period

111.12

B.

Full Name (Last, First, Middle Initial)

James B. Powers, M.D., F.A.

Mailing Address 11 Bowdoin Dr

City

Falmouth

State

ME

Zip Code

04105-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Cardiology Associat-
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.44

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 4D48BA824579223DCC2A

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Eileen Pummer, MSN,RN, CC

Mailing Address 147 Ardith Dr

City

Orinda

State

CA

Zip Code

94563-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Hospital and Cli-
nicsQuality,

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: A4574E3ED5E8601F8B8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

444.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gurunath Rajapuram, M.B.B.S.,

Mailing Address 1490 Rancho View Dr

City

Lafayette

State

CA

Zip Code

94549-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 570BDB40C378D28D9CD

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stephen R. Ramee, M.D., F.A.

Mailing Address 1514 Jefferson Hwy
FI 3

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Clinic Foundation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 89052ED689BCA830924

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Sanjeev Dhari Ravipudi, M.D., F.A.

Mailing Address 2317 Deer Creek Ct

City

Columbia

State

MO

Zip Code

65201-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Cardiovascular
Specialists

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 81E176F7F3C1A103AFE

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James A. Reiffel, M.D., F.A.

Mailing Address 21 Haverford Ave

City

Scarsdale

State

NY

Zip Code

10583-7501

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: 077D1A480C18472D6E2

Amount of Each Receipt this Period

315.00

B.

Full Name (Last, First, Middle Initial)

Joseph M. Restivo, M.D., F.A.

Mailing Address 137 Lethbridge Cir

City

Copley

State

OH

Zip Code

44321-1361

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

Transaction ID: 98E3E13D58E4E0B43CB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sarah Rinehart, M.D., F.A.

Mailing Address 2620 Danforth Ln

City

Decatur

State

GA

Zip Code

30033-2213

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cardiology; Piedmont Heart
Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	1

Transaction ID: DE227B0BDF8A6757D34

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph C. Rogers, D.O., F.A.

Mailing Address 5400 Fort St
Ste 200

City	State	Zip Code
Trenton	MI	48183-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Downriver Cardiology Cons-
ultantsOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: B2B3229FEE37C21064B

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David A. Rosenbaum, M.D., F.A.

Mailing Address 2835 Halleys Ct

City	State	Zip Code
Colorado Springs	CO	80906-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikes Peak CardiologyOccupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: 465F99A609A0C1A8FE5B

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Robert M. Rothbart, M.D., F.A.

Mailing Address 1906 Falmouth Dr

City	State	Zip Code
Greensboro	NC	27410-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Transaction ID: D2B657C61E72FCBC971

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

748.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City

Cincinnati

State

OH

Zip Code

45215-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cincinnati

Occupation

CARDIOVASCULAR RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 1

Transaction ID: 42008853085DB0B9CDCB

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St
Cardiology (111B)

City

Denver

State

CO

Zip Code

80220-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver VA Medical Center /
University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 4ACEB7417F9AE1B387CA

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Hani Mohammed Sabbour, M.B.B.S.,

Mailing Address 1451 Pound Hill Rd

City

North Smithfield

State

RI

Zip Code

02896-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates, In-
c.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: CBD919ADF1BCCB9DE39

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

531.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Manuel F. Salazar, M.D., F.A.

Mailing Address 9064 Baywood Park Dr

City

Seminole

State

FL

Zip Code

33777-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Area Heart Center

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	1

Transaction ID: 4843B097F6FBF6B9AF4

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Frances Saldivar, NP, A.A.C.

Mailing Address 333 Hazel Ave

City

San Bruno

State

CA

Zip Code

94066-4831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Medical
Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: EF2523E1DD30572D582

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Srinivasa Dinakar Reddy Satti, M.D., F.A.

Mailing Address 8440 Foxglove Ave NW

City

Clinton

State

OH

Zip Code

44216-9502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hospital

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	1

Transaction ID: 908D4C346901B8BD3AA

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John W. Schaeffer, M.D., F.A.

Mailing Address 161 Ridgeland Dr

City

Amherst

State

OH

Zip Code

44001-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Ohio Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 66D76F2D2F477651264

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael K. Schroyer, RN, A.A.C.

Mailing Address 9065 Pebblepoint Cir

City

Zionsville

State

IN

Zip Code

46077-8992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Vincent Heart Center
of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 4F0CB5755DBCD2DE82C1

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

A. Allen Seals, M.D., F.A.

Mailing Address 113 Teal Pointe Ln

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baker & Gilmour Crdvsclr
Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 831D42CB0267BD6622D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2088.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Trilok C. Sharma, M.D., F.A.

Mailing Address 13131 Chase Moor

City

Strongsville

State

OH

Zip Code

44136-4635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Medicine
Associates Inc

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: 1F0BF4F27138DA67BF4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

M. Eugene Sherman, M.D., F.A.

Mailing Address 5110 S Hanover Way

City

Englewood

State

CO

Zip Code

80111-6239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Medical Associates,
PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

Transaction ID: EB7C58BAD411CA26CFA

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Toniya Singh, M.B.B.S.,

Mailing Address 13441 Mason Grove Ln

City

Saint Louis

State

MO

Zip Code

63131-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Heart & Vascula-
r, P.C.

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	1

Transaction ID: 4A005BD697BC451D028

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

5615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kurt D. Spriggs, D.O., F.A.

Mailing Address 3360 F 5/8 Rd

City

Clifton

State

CO

Zip Code

81520-8117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 12F68A6D41FB378A615

Amount of Each Receipt this Period

730.00

B.

Full Name (Last, First, Middle Initial)

Randeep Suneja, M.B.B.S.,

Mailing Address 3002 Fair Dawn Ct

City

Katy

State

TX

Zip Code

77450-8638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Ctr of Houston

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 03C78A29345E24D070A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard F. Terry, M.D., F.A.

Mailing Address 8 Highland Park

City

Wheeling

State

WV

Zip Code

26003-5473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 4AAAB47FF1390D258AC

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

K. Vasudevamurthy, M.B.B.S.,

Mailing Address 3929 Dahoma Dr

City

Indianapolis

State

IN

Zip Code

46237-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: A799A47D700CEE8B60B

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave
1205

City

Louisville

State

KY

Zip Code

40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 46E080D5DE02933F06FD

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Michael A. Votaw

Mailing Address 2400 N St NW

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 92C3685D03451EB66A9

Amount of Each Receipt this Period

475.00

SUBTOTAL of Receipts This Page (optional)

808.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thad F. Waite, M.D., F.A.

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	1

Transaction ID: 40ED98424F1885A60264

Amount of Each Receipt this Period

91.00

B.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.**C**Name of Employer
Saint Thomas Health Servi-
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	1

Transaction ID: 443699E26C7728102D07

Amount of Each Receipt this Period

416.67

C.

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing
federal political committee.**C**Name of Employer
St Vincent Heart Center
of Indiana

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: 44D48E154D6A6E18035D

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

607.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paulette S. Wehner, M.D., F.A.

Mailing Address 1249 15th St
Ste 4000

City	State	Zip Code
Huntington	WV	25701-3663

FEC ID number of contributing
federal political committee.

C

Name of Employer
University CardiovascularOccupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	1

Transaction ID: 78C2854D26ABC80CEAC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael C. Widmer, M.D., F.A.

Mailing Address 2753 NE Red Oak Dr

City	State	Zip Code
Bend	OR	97701-8348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center CardiologyOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	1

Transaction ID: 4FA39C166A812417ACC3

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Peter M. Will, M.B.B.S.,

Mailing Address 301 S 7th Ave
Ste 2020

City	State	Zip Code
Reading	PA	19611-1495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates of
West Reading,Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: 4F249BAFE71C7354F3F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard A. Wolf, M.D., F.A.

Mailing Address 1324 Northridge Ter

City

Joplin

State

MO

Zip Code

64801-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Mercy Clinics

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: BDBBB4FDA61483E29DB

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 S Carmelina Ave

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 48C5B6FB705F0CA0E4BA

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lambert A. Wu, M.D., F.A.

Mailing Address 1524 NW Grove Ave

City

Topeka

State

KS

Zip Code

66606-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: 404E89BAA91E5BB00EC3

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

698.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Zyad Younan, M.D., F.A.

Mailing Address 1145 Bordentown Ave

City

Parlin

State

NJ

Zip Code

08859-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	1

Transaction ID: 600D0FEF37803642678

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

James Patrick Zidar, M.D., F.A.

Mailing Address 107 Bartica Ct

City

Cary

State

NC

Zip Code

27519-8333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rex Heart and Vascular Sp-
ecialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: F1F65830A983431382B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

49938.26

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5564.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	1

Transaction ID: 038DEF4BF9FD044C2

Amount of Each Receipt this Period

2480.50

Reimbursement for March
Amex Fees and April Merch-
ant Fees

SUBTOTAL of Receipts This Page (optional)

2480.50

TOTAL This Period (last page this line number only)

2480.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
April 2011 Amex Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V2B9055C4099370572B4

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

515.49

B.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement
April 2011 Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: ME4EE19251B48C0555E0

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

2209.92

SUBTOTAL of Disbursements This Page (optional)

2725.41

TOTAL This Period (last page this line number only)

2725.41

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Defend America PAC

Mailing Address PO Box 2626

City
Tuscaloosa

State
AL

Zip Code
35403

Purpose of Disbursement
2011 Contribution

Candidate Name
Defend America PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 9E8C382317A696222C5

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00